			ري:	-Besi	A	Gilab	Q	Cod	-			
	OATENT					المالة المالة			Applicatio	n or C	Ocket Nur	nber
PATENT APPLICATION FEE DETERMINATION RECORD Effectivé October 1, 2001 10 038, 354												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
Ţ	OTAL CLAIMS		(Column 1)		(Cot	umn 2)	,	TYPE		OR		ENTITY
	OTAL COMM)						RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			8 minus 20=		•		X\$ 9=		ОЯ	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		•			X42=		107		
MI	JLTIPLE DEPE	NDENT CLAIM	RESENT				- ^42*			OR	X84=	
• 4	the difference	a in a share A is	tono the second					+140=	<u>.</u>	OR	+280=	
* If the difference in column 1 is less than zero, enter *0* in column 2								TOTAL		OR	TOTAL	
	8-5-65 (Column 1) (Column 2) (Column 2)									_	OTHER	THAN
-	37/03	(Column 1)		(Cotur		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
TA		REMAINING AFTER		NUM	SER	PRESENT EXTRA	ŀ	RATE	ADDI- TIONAL		RATE	ADDI-
Ä		AMENDMENT		PREVIO					FEE			TIONAL FEE
AMENDMENTA	Total	. 10	Minus	- Z	0.0			X\$ 9=		OR	X\$18=	
	Independent	. 2	Minus	*** 7	_			X42=	 	1	X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM					OR	7.0.7.		
								+140=.		OR	+280=	
								TOTAL ADDIT, FEE		OR	YOTAL ADDIT. FEE	
-	(Column 1) (Column 2) (Column 3) CLAIMS RIGHEST									_		
8		REMAINING		NUM	BER	PRESENT EXTRA		RATE	ADDI-			ADDI-
EN		AFTER AMENDMENT		PAID I					TIONAL FEE		RATE	TIONAL FEE
AMENDMENT B	Total	•	Minus	**	•	0		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	:	•	l	X42=			X84=	
	FIRST PRESENTATION OF MU		ULTIPLE DE	PENDENT	CLAIM		ŀ			OR	A645	
								+140=		OR	+280=	
							_	TOTAL DOTT, FEE		OR	YOTAL ADDIT, FEE	
		(Column 1)		(Colum	in 2)	(Column 3)	·					
2		CLAIMS REMAINING		HIGHE	SI		Г		ADDI-			ADDI-
		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	PAID F	UH .		ŀ		FEE			FEE
Samuel Community of	Independent	•	Miras	989		-	L	X\$ 9=		OR	X\$18=	
1	FIRST PRESENTATION OF MULTII							X42=		OR	X84=	
							Γ	+140=			+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20."										OR	TOTAL	
11	THE Highest Nut	mber Previousiv Pa	dd Far' in Th	IS SPACE IS	less than	3 Antor T		TOTAL XDIT. FEE			ODIT. FEE	
1	ne Trignest Num	ber Previously Pain	For (Total o	r independer	is the	highest number	foun	d in the app	ropriate box	tn con	imn 1.	

FORM PTO-875 (Rev. 8/01)

יות ואו בצוי ומצנסים בצילן

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